

## MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

### NEWS

#### Coming Meetings†

**California Medical Association.** Meetings will convene in Los Angeles. Dates of the seventy-third annual session, to be held in 1944, Sunday, Monday, May 7-8.

**American Medical Association.** Sessions will be held in Chicago (not St. Louis) on June 12-16, 1944. (See *The Journal of the American Medical Association*, November 6, 1943, page 644.)

#### The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coordinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

#### Medical Broadcasts\*

**The Los Angeles County Medical Association:**

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays:

KFAC presents the Saturday program at 10:15 a. m., under the title, "Your Doctor and You."

In March, KFAC will present these broadcasts on the dates of March 4, 11, 18, and 25.

The Saturday broadcasts of KFI are given at 9:45 a. m., under the title, "The Road of Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association, in coöperation with the National Broadcasting Company and the Medical Department of the United States Army and the United States Navy, are on the air each Saturday at 2 p. m., Pacific War Time. Series commenced on January 8, 1944. Will run for twenty-six weeks.

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

\* County societies giving medical broadcasts are requested to send information as soon as arranged.

#### Pharmacological Items of Potential Interest to Clinicians\*

1. **Journals:** Washington (D. C.) Institute of Medicine issues (at \$9 a year) new bimonthly *General Practice Clinics*, which is merely an abstract and review service. *Bulletin, U. S. Army Medical Department* now appears monthly. Recent issue (No. 72, p. 50, 1944) carries report by S. G. Page on sulfaguanidine in bacillary dysentery, indicating relatively high absorption of the drug, but with little toxic reaction. *Texas Reports on Biology and Medicine* may come along more on time and with improved format from the University Press.

2. **From Our Fighting Allies:** S. Sze offers divertissement on how Drs. H. Macartney, P. Manson, and J. Cantlie rescued Dr. Sun Yat Sen in London in 1896 when he was about to be deported to China for execution (*Chinese Med. Jour.*, 61:172, 1943). V. D. Kostenko finds ascorbic acid content of plants much increased by growth at high altitudes, thus suggesting function as hydrogen carrier to increase cellular respiration, and indicating value of high administration to fliers (*Compt. rend. Acad. Sci. USSR*, 38:42, 1943). D. K. Henderson & Co. survey (favorably) electrical convulsion therapy (*Edin. Med. Jour.*, 50:641, 1943). A. J. M. Sinclair gives solid discussion of psychiatric casualties from jungle fighting (*Med. Jour. Australia*, 2:453, December 4, 1943). C. D. da Silva and J. P. G. d'Alambert review syndrome of internal frontal hyperostosis (*Arq. Assist. Psico. Est. Sao Paulo*, 8:55, 1943).

3. From our friends: B. A. Houssay says thyroidectomy has no effect on development of diabetes, but that thyroid administration may cause severe reactions in experimental diabetes (*Rev. Soc. Argentina Biol.*, 19:94, 1943). E. F. Lascano shows both arteries and anastomoses supplying Tawara's node and bundle of His and its branches run in same direction as wave of excitability (*Rev. Argentina Cardiol.*, 10:23, 1943).

4. From the amazingly neutral Swiss: Special number of League of Nations (*Chronicle of the Health Organization*. First since May, 1940, reports continuance of *Weekly Epidemiology Record and Bulletin of the Health Organization*, and progress on international pharmacopeia. C. Montigel and F. Verzar report interesting series of studies on carbohydrate metabolism after adrenalectomy showing that desoxy-corticosterone promotes much glycogen storage in liver and muscles (*Helv. Physiol. Pharmacol. Acta*, 1:137, 1943). N. Scheinfinkel suggests that thiamin in combination with a cardiac enzyme inactivates acetylcholine (*Ibid.*, p. 149).

5. **From Our Enemies:** H. Hofmann offers intriguing study on permeability changes from narcotics and anaesthetics (*Arch. Exper. Path. Pharmacol.*, 201:529, 1943). I. Traina of Genoa offers a photometric method for estimating atabrine in urine and feces (*Biochem. Zeitschr.*, 315:111, 1943).

6. **Antibiotics:** I. R. Hooper & Co. report (*Science*, 99:16, January 7, 1944), that S. Waksman's "clavacin" from *Aspergillus clavatus* (*Jour. Bact.*, 45:233, 1943) is identical with H. Raistrick's "patulin" from *Penicillium patulum* (*Lancet*, 245:633, 1943). D. L. Augustine finds penicillin sodium effective in relapsing fever, but not in trypanosomiasis (*Science*, 99:19, January 7, 1944).

\* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

7. *And Further:* D. Nachmansohn & Co. continue fine work on action potentials and enzyme activity, and find new enzyme, choline acetylase, which forms acetylcholine in the presence of adenosine triphosphate (*Jour. Neurophysiol.*, 6:383, 397, 1943). N. Shock offers meticulous studies on homeostatic adjustments after exercise (*Jour. Gen. Physiol.*, 27:143, 1944). Yale Laboratory of Applied Physiology becomes School of Alcohol and goes behavioristic in S. D. Bacon's sociology and the problems of alcohol (*Quart. Jour. Stud. Alc.*, 4:387, 1943). E. M. Loeb reviews primitive intoxicants (*Ibid.*, p. 402). Hot: J. P. Scott demonstrates experimentally that differences in social organization are caused by differences in social behavior by conditioning the same male mice alternately to fighting or to peaceful behavior. (*Science*, 99:42, January 14, 1944). L. du Nouy properly closes (*Ibid.*, p. 38) the discussion on apparent time acceleration with age by reference to his *Biological Time* (Macmillan, New York, 1937). A. W. Winkler & Co. discuss sea-water toxicity (*Jour. Clin. Invest.*, 23:103, 1944). J. B. de C. M. Saunders & Co. continue detailed study of amelogenesis (*Jour. Amer. Coll. Dent.*, 10:241, 1943).

**Penicillin Production.**—Penicillin, the outstanding medical discovery of the war, may be available for civilian needs next June.

Twenty-two companies are engaged currently in production of penicillin, and it is expected by June that it will be available in sufficient quantity for civilian needs.

**State Costs Are Lowest Since 1936.**—The Controller recently placed the cost of State government for the period ending June 30, 1943, at \$251,299,722, as compared with these previous recent expenditures:

1941-42—\$226,669,125  
1940-41—\$275,993,724  
1939-40—\$289,823,242  
1938-39—\$279,284,297.

In 1936-37 State expenditures totaled \$216,965,801.

**Postgraduate Lectures at San Jose.**—Dr. Alton Och-sner, Professor of Surgery at Tulane University, will give a series of postgraduate lectures covering such subjects as Gall-Bladder Disease and Its Surgery, Bronchiogenic Carcinoma, Pre- and Postoperative Care, Diseases of the Peripheral Vascular System; also a public lecture on the Control of Cancer, to be presented in connection with the American Society for the Control of Cancer.

These lectures will be given in the period April 3 to 8, 1944, under the auspices of the San Jose Hospital staff. Invitations and programs will be sent to all Santa Clara County Medical Society members, to physicians in Army and Navy hospitals in this area, and to interested physicians in Monterey, Santa Cruz, San Benito and San Mateo counties and San Francisco.

**Meeting of Association of California Hospitals.**—The Association of California Hospitals has announced that the annual meeting of members and a War Conference for Administrators on hospital problems will be held on April 12 and 13, 1944, in the Santa Barbara Biltmore Hotel.

**Preventive Medicine.**—Dr. Edwin G. Conklin, professor emeritus of biology at Princeton University and president of the American Philosophical Society, recently told a group of medical school graduates that "the great amount of preventable sickness is one of the greatest, if not the very greatest of all social problems." He said that

the discussion about socialized medicine is not so much a question of aims and ideals as of means and methods.

"The aims and ideals of the medical profession are now and have always been essentially altruistic and humanitarian," Doctor Conklin said, "but there are, quite naturally, differences of opinion as to the best methods of putting these ideals into practice. The real question is how the advances of medical science can be made widely available to those who need them."

**Postwar Planning in Kaiser Plants.**—Recently, a committee started a survey of postwar plans of some 90,000 workers in the three Kaiser shipyards in the Oregon area.

Dr. C. R. Bush, head of the department of journalism of Stanford University, is chairman of the committee. Others include persons outside the Kaiser organization, although three hundred persons have been trained to circulate questionnaires.

**\$8,000,000 Left in Trust for Prentiss Foundation.**—More than \$8,000,000 for the advancement of medicine, health, art, music, education, and religion has been left in trust by the late Mrs. Elizabeth Severance Prentiss of Cleveland and 1188 Hillcrest Avenue, Pasadena. . . .

The general purposes of the Foundation, for which the National City Bank of Cleveland is trustee, are stated as follows:

To promote medical and surgical research;  
To initiate and further activities in the field of public health;  
To aid hospitals and institutions in Cuyahoga County, Ohio, and to improve methods of hospital administration;  
To aid in support of plans to make hospitalization and medical care available to all people, especially those of low income. . . .—Pasadena *Star-News*.

**Press Clippings.**—Some news items from the daily press on matters related to medical practice follow:

**Dr. William Dock Named Professor of Medicine at University of Southern California**

Dr. William Dock, head of the department of pathology at Cornell University School of Medicine, has been appointed professor and chairman of the department of medicine at the University of Southern California.

Doctor Dock also has been pathologist to the New York Hospital. He will assume his duties at Southern California immediately. He succeeds Dr. Burrell O. Raulston, who had served as chairman of the School of Medicine since May.

Known for his research activities in heart and circulatory diseases, Doctor Dock earned his B.S. degree at Washington University, St. Louis, in 1920 and his M. D. at Rush Medical School of the University of Chicago. He did internship at Harvard Medical School and the Peter Bent Brigham Hospital, attending the University of Vienna in 1924.

As associate professor of medicine, he served Stanford University from 1928 to 1936 and became head of the department of pathology in the medical school until 1941, when he went to Cornell University.—Los Angeles *Times*.

**Dr. L. A. Emge Has New Position**

Dr. Ludwig A. Emge, on leave as professor in the Stanford University School of Medicine and serving as lieutenant colonel in the United States Public Health Service, has been appointed regional medical officer for the ninth civilian defense region of the Office of Civilian Defense.

Doctor Emge succeeds Dr. Courtney Smith of San Francisco, who has gone to Washington, D. C., for services in the national headquarters of the Office of Civilian Defense.—Palo Alto *Times*.

**New Sulfa Drug Will Aid Troops**

Galveston (Texas), Feb. 17 (AP).—Dr. Chauncey D. Leake, vice-president and dean of the University of Texas Medical School here, has announced discovery by two faculty members of a sulfa drug, sulfathalidine, which is expected to help in combating intestinal infections common to overseas troops.—San Francisco *Examiner*.

### American Medical Association Conference of State Association Secretaries and Editors

At the recent annual meeting of State Association Secretaries and Editors held in the American Medical Association headquarters in Chicago, discussion took place on several public relations addresses (J. A. M. A., Vol. 134, No. 3, pp. 168-171). The remarks by the Secretary of the California Medical Association follow:

DR. GEORGE H. KRESS, San Francisco: On October 10, the Council of the California Medical Association voted \$5,000 to make a spot survey of California to find out what, if anything, is wrong with medicine. If the survey justifies, the Council contemplates the expenditure of some \$30,000 more to see what can be done to rectify conditions.

Reference was made to a lobby in Washington. The Council of the California Medical Association saw fit to approve the plan of sending the secretary of the California Public Health League to Washington, where he is now, to make more intimate contacts with the Congressmen from California so that the California Medical Association would be in a better position to advocate those legitimate propositions concerning the public health and medicine that may be deemed worthy of support.

Reference was made to the Kaiser plan. You may be interested somewhat in having a brief reference thereto, because many of you are not on the ground and are not familiar with the situation. Some of you may have read Paul de Kruij's book, "Kaiser Wakes the Doctors." In the Kaiser Foundation plan they did deal with almost 100,000 men. Let's take the figure of 100,000 because figures are so massive when you transpose them into money values that you can make your own deductions and still see why the Kaiser plan in a limited geographic area in the county of Alameda can do the things that presumably have been accomplished. First, the 100,000 men are comparatively good risks, and at \$2 a month per employee, or \$200,000 a month, you have an income of \$2,400,000 a year. Industrial injuries are cared for and paid for from the State Industrial Fund of California to the extent of 40 per cent; add another \$1,000,000. You have then for the Permanent Foundation approximately \$2,000,000 to \$3,000,000. No wonder that Mr. Kaiser, under those conditions, with practically no acquisition expense in the securing of his risks, and with no medical care to families, can set aside \$25,000 to \$50,000 a month in paying off the expenses incident to the erection of his hospital in the city of Oakland. But when Mr. Kaiser uses that as a basis of analogy and proceeds to say to the people of the United States that on 7 cents a day he can give treatment to families as well as to employees (instead of dealing with one employer with deductions at the source and with practically no acquisition expense, and with perhaps whatever acquisition expense is involved coming from federal funds, and all that done in limited areas instead of over a massive State such as California and dealing with many employers with all kinds of employees); I say that when he tells the people of the United States and the medical profession that he has found the solution to the problem of adequate medical care he is guilty of erroneous thinking and conclusions, as must be evident to any thinking person when the situation is analyzed. Those of you who are interested should read the October issue of *California and Western Medicine*, in which there is a tear-down of Paul de Kruij's book and in which the inside story is told. You can get the real facts from the book review that is there given, with the excerpts and comments.

DOCTOR BAUER: That is exactly the type of information which the Council wants. Kaiser thinks his plan is a panacea, and we question it very much. It may be an answer in certain situations, but does it answer for the whole United States? The fact that the Kaiser plan has had such national prominence makes it necessary that we study it and give information to show why it will not work; we can't just ignore it. The people in California are peculiarly well situated to give us information, and we are going to expect California to give us that information. That is why I say this is going to be a two-way affair. You people who are on the ground and who are observing the functions of these plans can give us information which we must have before we can stamp any plan as being good, bad, or indifferent.—*Journal of the American Medical Association*, Vol. 134, No. 3, pp. 168-171.

### When Doctors Disagree Government Threatens

The Detroit *Free Press* has agreed with the medical profession that the Wagner-Murray-Dingell bill means socialized medicine and the placing of the science of healing in the straitjacket of bureaucracy. We have said so emphatically.

But this does not mean that there is not a reason for such agitation. We quarrel with the proposed "cure," not the diagnosis of the disease in our body politic.

The Constitution of the United States provides for the promotion of "the general welfare." Therefore, the health of our citizenship lies strictly within the realm of the public domain and is not the private business of the practicing physician.

Now, there are certain groups in the American Medical Association—an otherwise magnificent organization—which have assumed an attitude of hierarchic authority over the profession. The high priest of this element is Dr. Morris Fishbein, brilliant editor of the Association's justifiably famed "Journal."

The other day Elizabeth Kenny, the Australian nurse who has won world attention by her treatment of infantile paralysis, charged that Doctor Fishbein told her she had better leave the Country. Denying this, the Doctor says he merely "suggested" to her that "she leave the United States because other countries needed her assistance." This is characteristic Fishbein sarcasm. Recently in his *Journal* he denounced the nurse's explanation of the results she achieves as "physiological nonsense."

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It may be "nonsense" to the erudite Fishbein, who possesses more knowledge than wisdom. But it is not nonsense to the thousands of parents who have seen their stricken children restored to normal young lives through her technique.

Fishbein attacks her right at the height of the drive for funds to fight the scourge in which she has played so dramatic a part. Even worse in his timing, he does so when the profession he represents is pleading with public opinion to help defeat the dangerous Wagner-Murray-Dingell bill.

The medical hierarchy resents any intrusion into their esoteric realm. Twelve years ago, when a State health insurance law was proposed in Michigan, it was fought violently by the medical leaders with charges that it was "socialism." It was passed and is now a model law for other States.

Now, these very same medical leaders are protesting against the radical Wagner-Murray-Dingell bill and are pointing to the splendid results obtained through hospital and group medical insurance! This, after they were indicted and found guilty in a Federal court of violating the antitrust law in bouncing District of Columbia physicians from the Association for engaging in group practice.

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The science of preventive medicine lags fearfully. It is devoted largely to the prevention of epidemics. Little has been done in safeguarding the health of the individual—as Army examinations have revealed. Instead of screaming about socialism in medicine, the leaders of the profession should crusade to eliminate the very conditions which make possible a receptive ear for the political quacks who say the only solution is state medicine.

The private practice of medicine should be integrated with public health in a complete, thorough and enthusiastic way by the profession itself. Cooper Union in New York has already organized a health service for the examination of all its students. Those found defective are then sent to their private physicians. This is only one step.

Let Doctor Fishbein cut out his sarcasm, his sneers and his wisecracking. He'll go further. The American people feel there is something wrong with the medical profession. If the disciples of Hippocrates do not find a cure for the ailment, then less informed politicians with a knowledge of public sentiment will capitalize the grievances for the purpose of getting votes. And we will have state medicine with all the waste, extravagance, inefficiency, and the attendant horrors of bureaucracy.—*Detroit Free Press*, February 5.

### Attorney Holds Underwriters Responsible for Malpractice By Employed Physicians

Lasher Gallagher, attorney specializing in insurance cases, was the speaker at the meeting of the Casualty Insurance Adjusters meeting at Los Angeles, and had for his subject, the "Liability of Insurance Companies for the Malpractice of Doctors."

He read sections of the labor code relating to the liability of carriers and employers in compensation cases, and said that the sections do not apply in the cases where the doctors are bona fide independent contractors.

He said that a corporation, compensation insurance carrier or otherwise, is liable for any negligence on the part of the doctors employed by the corporation. He expressed the belief that this is based on the inability of the corporation to secure a license either as an insurance broker or as a doctor. He said that under the common law, with the amendment to the constitution and the labor code both absent, the corporation is liable for negligence

of its doctors. He declared there is no basis for the contention that the insurance carrier is the employer of the man in the hospital for treatment. He cited the definitions in the labor code of the word "employer" and said that definition does not include the workmen's compensation insurance carrier within the employer classification. He held that under the common law there is no immunity for the workmen's compensation carrier, the employer of the doctor. . . .—*San Francisco Underwriters' Report*.

#### Social Changes

There seem to be changes coming in the medical profession as much as anywhere. Dr. Arthur F. Chase, president of the New York Academy of Medicine, says that important group is earnestly trying to see ahead and anticipate the future form of society and what its needs will be. His profession, as he puts it, is "in the process of adjusting medicine, in its broadest sense, to the new social order."

Various other professions, not to mention the unprofessional public itself, are engaged in a similar task of adapting themselves to new social conditions. Present-day life seems to be in a state of flux where nearly everything is changing. The war, no doubt, increases this tendency to change. It is hard to guess what life will be like in another half-century, but from present indications it may be much more "socialized," professionally and otherwise, than it has yet been.—*Alameda Times*.

#### Thousands Quitting Coast in Belief Shipbuilding Peak Past

An exodus of several thousand persons a month from the Richmond area, with the majority apparently quitting jobs in the huge Kaiser shipyards and other Bay region war industries, was indicated today by ration board reports of a heavy increase in special gasoline allotments for out-of-state trips.

Richmond and El Cerrito ration board officials said they were issuing a combined average of seventy-five special allotments a day for these trips and estimated that about 450 families were leaving the area by automobile weekly.

In addition, Pacific Greyhound Lines officials reported more than 500 individuals are buying bus tickets weekly, with two-thirds of them one-way tickets out of the State. "Many" of these passengers, they said, are young men being called back to their home states by draft boards.

In Portland, Edgar F. Kaiser, general manager of the Kaiser shipyards in that area, today blamed a mistaken belief that the war was nearly over for the shortage of 16,000 workers in the yards.

(He said the yards were allowed a ceiling of 103,000 workers, but the total number employed has dropped to 87,000, and full employment is needed to meet contract commitments on schedule.)

The majority of those leaving are bound for Minnesota, Wisconsin, Michigan, Mississippi, Kansas, Illinois, and Texas, officials said.

Figuring three persons to a family, it was estimated 5,400 are leaving by automobile monthly.

Applicants, to secure gas, must present job clearances or sign affidavits they are going into agriculture, said Miss Irene Woods of the Richmond ration board.

Miss Woods said a very small percentage say they are going into agriculture.

Miss Woods said the exodus started three months ago with lay-off of unskilled workers and "absentees" at the Kaiser yard, and continued with recent announcements that the shipbuilding program is "over the hump."—*San Francisco News*.

Of the tuberculosis found among men examined at the United States Induction Center in Massachusetts, 10 per cent were far advanced, 25 per cent were moderately advanced, and 65 per cent early cases. This exactly reverses the usual percentages among cases admitted to sanatoria, of whom 65 per cent are far advanced, 25 per cent moderately advanced, 10 per cent early.—David Zachs, M. D., *Massachusetts Tuberculosis League News Bulletin*, April, 1943.

One thing the depression taught us, that human lives cannot be departmentalized—ignorance, poverty, and ill health are not isolated problems; too often they have proved themselves a vicious circle of cause and effect.—Paul V. McNutt.

## MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.

San Francisco

In *Trindle vs. Wheeler*, 23 A. C. 332, decided by the California Supreme Court December 18, 1943, the facts were these:

Plaintiff, after spraining an ankle which previously had been broken, consulted the defendant physician and surgeon. He prescribed diathermy as treatment for the injury and, taking plaintiff into a room adjoining his office, instructed a nurse "trained and experienced in such treatments" to apply diathermy to the ankle at 3,000 milliamperes for twenty minutes. The plaintiff's shoe and stockings were removed. She was placed in a recumbent position on a bed and the nurse adjusted the electrodes to her ankle. The electrodes were encased in rubber pads. A folded towel was wrapped around each electrode and the plaintiff's ankle placed between them. The nurse set the dial at 3,000 milliamperes for a twenty-minute treatment. Both the doctor and the nurse left the room and shut the door.

Plaintiff testified she received no instructions from either the defendant physician or his nurse and that after the lapse of a few minutes the ankle became uncomfortably hot. When the heat became unbearable she called for help. The defendant immediately entered the room and turned off the diathermy machine which at that point registered 3,500 milliamperes. Plaintiff sustained a burn on her ankle about the size of a dollar or half dollar. According to testimony of defendant and his assistants, a push button next to the bed on which plaintiff was lying was provided for diathermy patients. The nurse testified that she pointed out this button to plaintiff, told plaintiff to call if the heat became uncomfortable and that such instructions were customarily given to diathermy patients. Plaintiff denied this testimony, saying that no such instructions were given.

At the trial of the action in the Superior Court a verdict was directed in favor of the defendant physician and this judgment was affirmed by the District Court of Appeal. The question then presented on appeal to the Supreme Court was whether, disregarding conflicting evidence and giving to the evidence tending to establish negligence in the administration of the diathermy treatment all the value to which it was legally entitled, there was sufficient evidence to support a verdict in favor of plaintiff. The Supreme Court ruled that there was sufficient evidence, that the judge erred in directing a verdict for defendant, and that the jury should have been permitted to determine the questions presented.

Plaintiff in the case had offered no expert testimony to establish the standard of care in the application of diathermy prevailing in the community. Witnesses produced on behalf of defendant testified that it was considered good practice in the community to leave the patient in the room unattended after the diathermy machine had been set at 3,000 milliamperes and the stop clock at twenty minutes (as was the case here), *provided*, however, that a call device be available to the patient and that she be instructed to use it to summon the attendant if the heat should become uncomfortable. The Supreme Court ruled that plaintiff was entitled to rely on the expert testimony introduced by defendant as establishing the standard of care required by defendant.

The question then presented was whether there had been compliance with this standard of care by defendant. The Court pointed out the conflicting testimony as to whether

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.